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Jan 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P92000013321 (4)

1. Corporation Name  
OHMAN, INC.



Principal Place of Business

330 S PINEAPPLE AVE  
#111  
SARASOTA FL 34236  
US

Mailing Address

330 SO PINEAPPLE  
STE - 111  
SARASOTA FL 34236-7020  
US

3. Date Incorporated or Qualified  
12/21/1992

3a. Date of Last Report  
03/01/1996

2. Principal Place of Business

21 4401 G ASHTON ROAD

2a. Mailing Address

26 PO BOX 20368

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 SARASOTA FL

City & State

28 SARASOTA FL

Zip

24 34233

Country

25 USA

Zip

29 34236

Country

30 USA

4. FEI Number

65-0375599

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

OHMAN, NELSON P  
330 SO PINEAPPLE  
STE 111  
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME OHMAN, NELSON P  
STREET ADDRESS 2033 MAIN ST., SUITE 400  
CITY-ST-ZIP SARASOTA FL 34237

☐ DELETE

TITLE V  
NAME OHMAN, PEGGY B  
STREET ADDRESS 2033 MAIN ST., SUITE 400  
CITY-ST-ZIP SARASOTA FL 34237

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P  
12 NAME OHMAN, NELSON P  
13 STREET ADDRESS 4401-G ASHTON ROAD  
14 CITY-ST-ZIP SARASOTA FL 34237

☒ Change ☐ Addition

21 TITLE V  
22 NAME OHMAN, PEGGY B  
23 STREET ADDRESS 4401-G ASHTON ROAD  
24 CITY-ST-ZIP SARASOTA FL 34237

☐ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Nelson P. Ohman NELSON P. OHMAN

Date

1/6/97 941-922-3445

Daytime Phone #

CR2E034 (9/96)